| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  10/175 747                |   |  |                      |                                    |                       |                  |         |               |                        |                     |                            |                        |  |
|---|---|--|----------------------|------------------------------------|-----------------------|------------------|---------|---------------|------------------------|---------------------|----------------------------|------------------------|--|
|   | CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |                      |                                    |                       |                  |         |               | ENTITY                 | OR                  | OTHER THAN OR SMALL ENTITY |                        |  |
| TC  | TAL CLAIMS  |  | 20                   |                                    |                       |                  |         | RATE          | FEE                    | ] ]                 | RATE                       | FEE                    |  |
| FO  | R   |  | NUMBER FILED         |                                    | NUMBER EXTRA          |                  |         | BASIC F       | EE 385.00              | OR                  | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |  | 30 minus 20=         |                                    | • 10                  |                  |         | X\$ 9=        | :                      | OR                  | X\$18=                     | •                      |  |
| ╟─  | EPENDENT CL   |  | 7 minus 3 =          |                                    | •                     |                  |         | X43=          |                        | OR                  | X86=                       |                        |  |
|   |   | IDENT CLAIM PI   | RESENT               |                                    |                       |                  |         | +145=         |                        | OB                  | +290=                      |                        |  |
| • If the difference in column 1 is less than zero, enter "0" in column 2                          |   |  |                      |                                    |                       |                  |         |               | OR                     | TOTAL               | The second second          |                        |  |
| • If the difference in column 1 is less than zero, enter to in column 2 TOTAL OR TOTAL OTHER THAN |   |  |                      |                                    |                       |                  |         |               | THAN                   |                     |                            |                        |  |
| 4-  | -10-64 C  | (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY  CLAIMS HIGHEST NUMBER PRESENT RATE TIONAL RATE TIONAL |                      |                                    |                       |                  |         |               |                        | ENTITY              |                            |                        |  |
| Ø   |   | CLAIMS   |                      | NUME                               | BER<br>OUSLY          | PRESENT<br>EXTRA |         | RATE          |                        |                     | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT   | Total   | · 23   | Minus                |                                    | 30                    | =                |         | X\$ 9=        | :                      | OR                  | X\$18=                     |                        |  |
| MEN   | Independent   | . 2  | Minus                |                                    | 2.                    | =                |         | X43=          |                        | OR                  | X86=                       |                        |  |
| Ā   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |                      |                                    |                       |                  |         | +145=         |                        | OR.                 | +290= -                    |                        |  |
|   |   | (Column 3) (Column 3)  |                      |                                    |                       |                  | - 1     | TOT           |                        | ОЯ                  | TOTAL                      |                        |  |
| .:  | , :   |  |                      |                                    |                       |                  | ,       | ADDIT. FE     | E                      | 1~                  | ADDIT, FEE                 |                        |  |
| 8   | (Column 1) CLAIMS REMAINING AFTER   |  | HIGHEST<br>NUMBER PI |                                    | PRESENT<br>EXTRA      | RAT              |         |               |                        | RATE                | ADDI-<br>TIONAL            |                        |  |
| AMENDMENT   |   | AMENDMENT  |                      | PAID                               |                       | -                | 1       |               | FEE                    |                     |                            | FEE                    |  |
| NON   | Total   | •  | Minus                | **                                 |                       | =                |         | X\$ 9=        |                        | OR                  | X\$18=                     |                        |  |
| AME   | Independent   | *  | Minus                | ***                                | IT CLAIM              |                  | $\  \ $ | X43=          | ·                      | OR                  | X86=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDE  |  |                      |                                    |                       | DENT CLAIM []    |         |               |                        | OR                  | +290÷                      |                        |  |
|   |   |  |                      |                                    |                       | ٠1               | TOTA    | T.            | OR                     | TOTAL<br>ADDIT, FEE |                            |                        |  |
|   | (Column 1) (Column 2) (Column 3)  |  |                      |                                    |                       |                  |         | W. J. 1. 1 C  |                        |                     |                            |                        |  |
| NTC   |   | Claims CLAIMS REMAINING AFTER AMENDMENT  |                      | HIGHI<br>NUME<br>PREVICE<br>PAID I | EST<br>BER :<br>OUSLY | PRESENT<br>EXTRA |         | RATE          | ADDI-<br>TIONAL<br>FEE |                     | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| DIME  | Total   | *  | Minus                | 44                                 |                       | =                |         | X\$ 8=        |                        | OR                  | X\$18=                     |                        |  |
| AMENOMENT   | Indep ndent   | •  | Minus                | ***                                |                       | =                |         | X43=          |                        | OR                  | X86=                       |                        |  |
| A   | FIRST PRESENTATION OF MULTIPLE DEP  |  |                      | PENDENT                            | ENDENT CLAIM          |                  |         |               |                        | 1                   | +290=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.             |   |  |                      |                                    |                       |                  |         | +145=<br>TOTA |                        | OR                  | TOTAL                      |                        |  |
| **1   | ** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. ADDIT. FEE   |  |                      |                                    |                       |                  |         |               |                        |                     | <u></u>                    |                        |  |
|   | ***If the *Highest Number Previously Paid For* IN THIS SPACE is less than 3, when 3.  The *Highest Number Previously Paid For* (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                      |                                    |                       |                  |         |               |                        |                     |                            |                        |  |

Application or Docket Number

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD   |  |   |  |                                       |              |                  |          |                             |                        | 757F7 |                      |                        |  |
|---|--|---|--|---------------------------------------|--------------|------------------|----------|-----------------------------|------------------------|-------|----------------------|------------------------|--|
|   |  | CLAIMS                                    | AS FILED   | - PART                                | ı            |                  |          |                             | ENTITY                 |       |                      | R THAN                 |  |
| ΓŦ  | OTAL CLAIM                                     | S   | (Column 1) (Co                                   |                                       |              | lumn 2) TYPE     |          |                             |                        | OR    |                      |                        |  |
| -   | OR   |   | <del>                                     </del> |                                       |              |                  |          |                             |                        | 4     | RATE                 | FEE                    |  |
| <u> </u>  |  |   | NUMBE  |                                       | NUMBER EXTRA |                  |          | BASIC F                     | EE 385.0               | OR    | BASIC FE             | E 770.00               |  |
| _   |  | ABLE CLAIMS                               | 30 m   | inus 20=                              | 10           |                  |          | X\$ 9=                      | 90                     | OR    | X\$18=               |                        |  |
| <b> -</b> -   | DEPENDENT (                                    |   |  | ninus 3 =                             |              | D                | ŗ        | X43=                        | 0                      | OR    | X86=                 |                        |  |
| MI  | JLTIPLE DEPE                                   | NDENT CLAIM                               | PRESENT  |                                       |              |                  |          | 1145-                       |                        |       |                      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |                                       |              |                  |          |                             |                        |       |                      |                        |  |
| CLAIMS AS AMENDED DADT!   |  |   |  |                                       |              |                  |          |                             |                        |       |                      |                        |  |
| F   |  | (Column 1)                                | 1.   | (Column 2) (Column 3)                 |              |                  |          | OTHER SMALL ENTITY OR SMALL |                        |       |                      |                        |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |  | NUMB<br>PREVIO<br>PAID F              | SER<br>HUSLY | PRESENT : EXTRA  |          | RATE                        | ADDI-<br>TIONAL<br>FEE |       | RATE                 | ADDI-<br>TIONAL<br>FEE |  |
| Ş   | Total  | *   | euniM  | **                                    |              | =                |          | X\$ 9=                      |                        | OR    | X\$18=               |                        |  |
| AME   | Independent                                    | ٠   | Minus  | ***                                   |              | =                | l        | X43=                        | 1                      | OR    | X86=                 |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                       |              |                  |          | . 4 45                      | <del> </del>           | 1     |                      |                        |  |
|   |  |   |  |                                       |              |                  |          | +145=                       | <b></b>                | OR    | +290=<br>TOTAL       |                        |  |
|   | ,.   | (Column 1)                                |  | (Colum                                | - O          | (Calumn 0)       | ٠ 🗚      | DDIT. FEE                   |                        | JOR / | VDDIT. FEE           |                        |  |
| <b>m</b>  | ,  | CLAIMS<br>REMAINING                       | 1  | HIGHE                                 | ST .         | (Column 3)       | lг       |                             | ADDI-                  | ) . r |                      | ADDI-                  |  |
| AMENDMENT B   |  | AFTER<br>AMENDMENT                        |  | PREVIOL<br>PAID F                     | USLY         | PRESENT<br>EXTRA |          | RATE                        | TIONAL                 |       | RATE                 | TIONAL<br>FEE          |  |
|   | Total  | *   | Minus  | **                                    |              | =                |          | X\$ 9=                      | 1                      | OR.   | X\$18=               |                        |  |
| ₹   | Independent                                    | *   | Minus  | DENIDENT (                            | CLATA        | -                |          | X43=                        |                        | OR    | X86=                 |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |  |                                       |              |                  |          | +145=                       |                        | OR    | +290=                |                        |  |
|   |  |   |  |                                       |              |                  |          | TOTAL<br>DOIT, FEE          |                        | OR A  | . TOTAL<br>DOIT. FEE | ,                      |  |
|   |  | (Column 1)                                |  | (Columi                               |              | (Column 3)       |          | ,                           | ٠.                     |       |                      | ·                      |  |
| AMENDIMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE:<br>NUMBE<br>PREVIOU<br>PAID FO | ER<br>JSLY   | PRESENT<br>EXTRA |          | RATE                        | ADDI-<br>TIONAL<br>FEE |       | RATE                 | ADDI-<br>TIONAL        |  |
| 2   | Total  | *   | Minus  | **                                    |              | =                | <b> </b> | X\$ 9=                      | 1.50                   |       | X\$18=               | FEE                    |  |
| ֝֞֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֡֓֓֡֓  | Independent                                    | t.  | Minus  | ***                                   |              | =                | F        |                             |                        | OR -  | <del></del>          |                        |  |
| 4   | FIRST PRESE                                    | NTATION OF MU                             | ETIPLE DEF                                       | ENDENT                                | CLAIM        |                  | L        | X43=                        | ···                    | OR    | X86=                 |                        |  |
|   |  |   | <i>:</i>   |                                       |              |                  | 1        | 145=                        |                        | OR    | +290=                |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.";  ADDIT. FEE  OR  ADDIT. FEE |  |   |  |                                       |              |                  |          |                             |                        |       |                      |                        |  |
| The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  AUDIT, FEE   |  |   |  |                                       |              |                  |          |                             |                        |       |                      |                        |  |
|   | •  | • •                                       | -  |                                       |              | -                |          |                             |                        |       |                      | Į                      |  |

Application or Docket Number